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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

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	Application Number	10/059,273			
	Filing Date	January 31, 2002			
	First Named Inventor	Denes V. AGOSTON			
	Art Unit	1645			
	Examiner Name	Not Yet Assigned			
	Attorney Docket Number	268422000100			

To: P.O	9. Box 1450 xandria, VA 22313-1450									
	withdraw me as attorney or agent for the above identified patent application, and									
	all the attorneys/agents of record.									
=	the attorneys/agents (with registration numbers) listed on the attached paper(s), or									
	ttomeys/agents associated with 0				5227		`			
NOTE:	NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.									
The reasons for this request are:										
Application is being transferred to another attorney.										
This request is being made at the request of the assignee, The Henry M. Jackson Foundation for the Advancement of Military Medicine.										
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CORRESPONDENCE ADDRESS										
The correspondence address is NOT affected by this withdrawal.										
Change the correspondence address and direct all future correspondence to:										
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X Individual Name James Remenick (Powell Goldstein LLP)										
Address 901 New York Avenue, NW Third Floor										
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Date	January 31, 2005		Telephone No.		(703) 760-7756					
NOTE: Withdrawel is effective when approved rather than when received. Unless there ere at least 30 days between approvel of withdrawel and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.										